



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Veterinary Medical Examiners
124 Halsey Street, 6th Floor, P.O. Box 45020
Newark, New Jersey 07101
(973) 504-6500

Complaint Process

As a unit of the Division of Consumer Affairs, the State Board of Veterinary Medical Examiners (Board), takes its responsibility seriously. A copy of the complaint will be forwarded to the licensee with a cover letter from the Board requiring a detailed written response to the allegations in the complaint. Once that response has been received, it will be reviewed and disposition may be recommended. If the Board needs additional information, the licensee may be required to appear to answer questions concerning the matter.

Please be advised that any information you supply on the complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Board may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

The disposition of the matter may take several months. Please understand that the Board can only take formal action if it finds sufficient basis that the licensee violated State laws or regulations. If the Board determines that formal action is required, the matter is referred to the office of the Attorney General. In that case, formal charges may be filed against the licensee and the licensee will be given an opportunity to defend himself or herself. This process can take a considerable period of time.

If the complaint involves a dispute over fees, please be advised that the Board has limited jurisdiction over fees charged by professionals. If the Board determines that there is insufficient basis to pursue disciplinary action, but determines that the matter involves a fee dispute, your complaint may be referred to the Alternative Dispute Resolution (ADR) Unit of the Division of Consumer Affairs. The ADR is a free mediation service that can be helpful in resolving such matters.

Until a final determination has been made, the Board is not permitted to disclose information regarding the matter. You will be notified in writing when a final determination has been made.



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Complaint Form

Please print clearly.

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Board may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

Consumer Information

Complaint Reported Against

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME TELEPHONE NUMBER: _____
(include area code)

WORK TELEPHONE NUMBER: _____
(include area code)

FAX NUMBER: _____

E-MAIL ADDRESS: _____

DATE: _____

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____
(include area code)

TITLE: _____

LICENSE NUMBER (IF KNOWN): _____

DATES OF TREATMENT/SERVICE:

FROM: _____ To: _____

1. Animal's name: _____ Sex: _____

Animal species (dog, cat, bird, horse, etc.): _____

Breed: _____ Animal's age at the time of the incident: _____

2. Please provide the following information about any other veterinarian who saw the animal after the incident.

Name: _____

Title: _____ License number: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Name: _____

Title: _____ License number: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

3. What is the nature of the complaint? *(Please check all that apply and provide any additional comments on a separate sheet of paper.)*

- | | |
|--|--|
| <input type="checkbox"/> Negligence | <input type="checkbox"/> Professional misconduct |
| <input type="checkbox"/> Misdiagnosis | <input type="checkbox"/> Unsanitary office conditions |
| <input type="checkbox"/> Failure to respond to an emergency | <input type="checkbox"/> False or misleading advertising |
| <input type="checkbox"/> Refusal to release patient records due to an unpaid balance | <input type="checkbox"/> Failure to obtain consent for treatment |
| | <input type="checkbox"/> Other _____ |

Please be advised that the Board is permitted by law to take action in cases of professional misconduct, gross negligence or repeated acts of negligence. Therefore, you should be aware that (1) complaints based solely upon conduct such as poor communication skills or poor "bedside manner" may not be actionable under the law; and (2) the Board **does not** handle fee disputes.

4. Please describe the facts of your complaint in the order in which they happened. Please print clearly. You may use additional sheets of paper if they are needed.

All complaints must be accompanied by **readable copies** (NO ORIGINALS) of any complaint-related documents, patient records, test results, correspondence or any other documents you feel are related to your complaint.

In order to resolve your complaint, we may send a copy of your complaint to the veterinarian(s) about whom you are complaining.

I hereby authorize the release of all medical records, X-rays and other documents related to the diagnosis, prognosis and treatment of my animal by the treating veterinarian(s) to the State Board of Veterinary Medical Examiners.

5. I certify that the statements made by me in this complaint are true and any documents attached are true copies. I am aware that if any statements made by me are willfully false, I am subject to punishment.

Signature* Date

Return to:
Division of Consumer Affairs
State Board of Veterinary Medical Examiners
P.O. Box 45020
Newark, NJ 07101

2/8/05

* This certification must be signed by the person who has completed this form.